N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

28188

1. PLACE OF DEATH			791			
County	County Registration Distr		let No		File No.	
Township Pripary Registration			on District No	1()():3	Registered No. 731U	
City State	? (No	Ciles	Harp	ital)	St. Wa	rd)
- 4433 X1		1 f.	1 1	1:	**************************************	,
2. FULL NAME	uce (July po		france		•••••
(a) Residence, No(Usual place of abode)	09/42	1 1/2 31	recut	5Ward. 2 5		
Length of residence in city or town v	where death occurred	yrs. mos.	ds. F	tt nor low long in U. S., if of for	resident, give city or town and State) elgn birth? yrs. mos.	ds.
PERSONAL AND STAT	ICULARS	2 MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RAC	IED WIDOWED OR					
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			21. DATE OF DEATH (MONTH, DAY, AND YEAR) (Lucy 22.1933			
Jemale Whil	ege _	22. I HEREBY CERTIFY, That I attended deceased from				
7 SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		6	-18 ,193	2 to 8 (122)	(3 3	
(OR) WIFE OF		I last saw b	$V_{\rm aliveon}$	_ 22 1933, Death is	e esid	
6. DATE OF BIRTH (MONTH, DAY, AND Y	13 1930	to have occu	rred on the date stated a			
7. AGE YEARS MONT		If LESS than 1	The principa	cause of death and rela	ated causes of importance were as fol	lows:
6 16	9	day,hrs.	Uarr		Date of	onsei
8. Trade, profession, or particula		ormin.	Acre	auguoma- c		
		123	V	0 1 4 0 9 1		
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years)			U.Der	uga / p		
work was done, as silk mil			() <u>2</u> 40			
saw mill, bank, etc	time (years)		9213			
O this occupation (month an	ntin thús	Other contrib	outory causes of importar	acoi. A		
year)	- Cocci	ipation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Jus	· (only				
	any					
13. NAME 14. BIRTHPLACE (CITY OR TOWN)	u,	Name of ope	Cramin	man gtain	(3 ~	
4 14. BIRTHPLACE (CITY OR TOWN)	une m		ifirmed diagnosis?	Date of	ري	
- (SINIEUN COUNTRI)	1/W"				<u></u>	
15. MAIDEN NAME May	lus			es (violence), fill in also the following:		
			jury occur?	, 19		
(STATE OR COUNTRY)	mo		Spec	ify city or town, county, and State)		
7/ 1	1 22	R.	Specify wheth	her injury occurred in ind	ustry, in home, or in public place.	
17. INFORMANT (ADDRESS)	Land	Manner of in	iury	•••••••••••••••••••••••••••••••••••••••	•••••	
18. BURIAL, CREMATION, OR REMOV					•••••	
moste teneve	9: 25 3					
Bask	0	If so, specify.		related to occupation of deceased?	*******	
19. UNDERTAKER (ADDRESS)	me	(Signed).	וו אמ וואג	iltrough		
AUU 44 1000	1 P. Bres	leck		17:15	She was	i. D.
20. FILED	-v vvcca	Registrar	(Add	irem)	THE TANK OF THE PARTY OF THE PA	********

